All the forms of chorea so far described—chorea of children, of adults, of the gravid, of the aged, hereditary chorea, etc.—may be placed in one morbid class characterized essentially by irregular and contradictory movements of variable intensity and extent.

Chorea is a unit; but from a clinical point of view it is convenient to describe two forms, having as a base not the age or other etiological data, but the favorable or unfavorable termination of the malady.

The first form constitutes chorea vulgaris, or of Sydenham. It occurs principally in children, less frequently in the adolescent, in adults, in the gravid, etc., and always terminates in recovery.

The second form constitutes the chronic progressive chorea, and may begin at any age, but is met with in greatest frequency in adults and in the aged. It is characterized: 1. By the slow chronic and progressive march of the choreic movements and by their weakness in voluntary acts. 2. By disturbances of speech. 3. By psychical disturbances (loss of memory, maniacal attacks, dementia). 4. By the fatal termination.

This last form may be designated as hereditary chorea, or of Huntington. W. C. K.

DISTURBANCES OF SENSATION IN LESIONS OF THE BRAIN.

L. Darkschewitsch (ibid) makes an interesting contribution to the study of this question. He observes that it is a well-established fact that the sensibility of the skin is always affected in lesions of the posterior end of the posterior limb of the internal capsule. But, on the other hand, we have very few reliable observations to guide us in tracing the further course of the sensory filaments from the internal capsule to the cortex cerebri. He, therefore, considers the following case to be of interest, in which a disturbance of sensation proved on autopsy to be dependent on a lesion of the centrum semiovale of the left hemisphere.

The patient, 34 years old, was admitted to the Moscow clinic because of extreme weakness of the right hand. Family history negative. No syphilis nor trauma. No history of vomiting or headache. Patient has never had pleurisy or pneumonia, but has had constant cough during the past year. Of late the cough has increased greatly and four days before admission to the clinic the weakness of the right arm was noticed.

Status præsens. Patient extremely weak, is able to walk or stand only with great effort. On examination, marked paresis of the right upper extremity, especially shown in the movements of wrist and fingers. Considerable rigidity of the muscles, but no wasting. Electrical reactions normal. No trophic disturbances. Increased tendon reflexes of triceps and flexors. No clonus.

On testing the sensibility, this was found to be much diminished, especially at the peripheral end of the extremity.

All other parts of the body were entirely normal, both as regards sensation and motion. Taste, smell, sight and hearing were normal.

The patient continued to cough and expectorated profusely, the sputa being of very strong odor. Physical signs showed consolidation and softening in the right lung.

On the 12th day after admission to hospital, the patient died of general exhaustion. Several days before death he had complained of severe headache.

The autopsy showed gangrene of the right lung, as well as general bronchitis and emphysema. The brain was examined with great care. One horizontal section was made before hardening, on a level with the second frontal convolution. In the middle of the cut surface of the upper segment of the left hemisphere was found a spot of softening, which fluctuated under the finger. No further sections were then made, but the brain was placed in bichromate of potash and then alcohol. After hardening, the two segments of the left hemisphere were placed together and a series of perpendicular sections was made, the first section through the fissure of Rolando, the others parallel to it. In the middle of the posterior central convolution was seen a cavity, which evidently corresponded to the softened spot felt with the finger on the horizontal section. The cavity lay just below the cortex in the white substance of the centrum semiovale. A little higher up in the same convolution was a grayish-colored mass, the size of a pea, which resembled a tubercle. Nothing abnormal was found in any other part of the brain. On microscopic examination, the above-mentioned grayish mass proved to be a tubercle, and Darkschewitsch believes that the cavity also represented a tubercle which had been absorbed.

All the nerves of the right upper extremity were normal, and no signs of disease were detected in the spinal cord, medulla, pons, crura, or internal capsule.

Darkschewitsch, therefore, feels justified in attributing not only the paresis, but also the anæsthesia of the right arm to the lesion in the middle of the posterior central convolution. J. W. B.

UPON THE ETIOLOGY OF BERI-BERI.

Drs. José Musso and Juan B. Morell, Bacteriological Laboratory, Univ. of Montevideo (Anales del Circulo Medico Argentino, Aug., 1890, p. 313). The insufficiency of practical bacteriological investigations upon the etiology of Beri-Beri induced the writers to make some practical studies upon this subject. The material for these investigations was furnished by a patient coming from Matto Grosso on his way to the hospital at Montevideo.

Previously disinfecting the skin with hot water, bichloride of mercury (one per cent.), alcohol and ether, a small piece of the skin from the anterior region of the leg was removed with a scalpel, thoroughly sterilized beforehand. With a sterilized platinum needle, the blood flowing from the wound was then placed in various tubes: four of salted serum, three of gelatine, two of simple broth and two of broth and glycerine. They were then placed in thermostats registering 37° C. and 20° C. respectively.

At the end of thirty-six hours a proliferation was observed in three tubes of serum, two of broth, and in one of broth and glycerine, or in six out of eleven tubes. Examining the tubes more carefully there was found to be present a special form of micro-organism in a pure state in all the tubes save one, where other common forms of bacilli were intermixed. The constancy of these microbes, developing under special conditions, led the writers to examine them more minutely.

Examined under the microscope, without staining, they presented a spherical or spheroidal form, united into groups of diplococci, or tetrococci, and were from 1.40 mm. to 2.90 mm. in diameter. Under better conditions these spheres were found to contain a microbe from 0.55 mm. to 1.11 mm. in diameter, enveloped in an unicellular capsule. Staining in Zihl's fluid and washing in alcohol gave unmistakable proof of a capsule, which remained uncolored, while the microbe accepted the stain.

On gelatine plates the colonies were in form of white drops of a yellowish tint, and some granules. The colonies on the Agar Agar plates were similar. The gelatine did not undergo liquefaction.

Inoculations practised upon rabbits produced a polyneuritis degenerativa. Cultures made from these rabbits gave positive results. The writers promise a histological study of these tissues in a future number. W. C. K.